2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

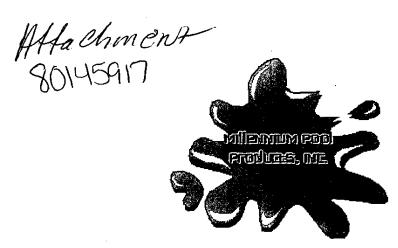
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FILED Sep 08, 2003 8:00 am Secretary of State 09-08-2003 90315 033 ***150.00

MILLENIU	IM POOL PRODUCTS, INC.						
Principal Place of Business 3475 SHERIDAN STREET SUITE 210 HOLLYWOOD FL 33021		Mailing Address 3475 SHERIDAN STREET SUITE 210 HOLLYWOOD FL 33021			l		
2. Principal Place of Business AS ABOVE		3. Mailing Address		-	11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	_		
DOYLE, K	FVIN	·	Name		_		
	RIDAN STREET		Street Address ((P.O. Box Number is Not Acceptable)			
SUITE 210	^ ·				- }		
HOLLYWO	OOD FL 3302(City	FL Zip Code			
8. The above the obligat	named entity submits this statemen (or ions of registered agent.	the purpose of changing its re	gistered office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt		
SIGNATURE .	Signature, typed or philad numb of registered agent a	KOIN T	Pegistered Agent signature required	09 06 2003 d when reinstating) DATE	۱		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.	е		
10.	OFFICERS AND D		11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	긤.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doyle, Kevin 3475 Sheridan Street #210 Hollywood Fl 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion (20/7) PEOE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion		
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indicated	certify that the information supplied with	this and accurate and that my	eignature chall have the	ection 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under path; that I am an officer or director	, l		

Thus even is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an alidress, will all other like empowered. of the corporation or the receiver changed, or on an attachment w

SIGNATURE:



Division of Corporations Uniform Business Report PO Box 1500 Tallahassee, FL 32305-1500

September 5, 2003

To whom it may concern

Re: P02000056185 - MILLENIUM POOL PRODUCTS, INC.

Please find herewith our payment enclosed for the amount of \$150.00.

We request that you please revoke the \$400.00 late charges, as we never received any form of paperwork for the 2003 for Profit Corporation Uniform Business Report (UBR), thus never sent in any payment.

Thanking you in advance.

Kevin Doyle PRESIDENT